

**NJDEP - CERTIFICATE OF
PUBLIC CONVENIENCE AND
NECESSITY (CPCN)**

**ANNUAL UTILITY
REPORT FOR SOLID
WASTE DISPOSAL
UTILITIES**

CALENDAR YEAR 2015

affix label here

DUE JUNE 1, 2016

**Note: This Report has been changed substantially since last year.
This Utility Report is not the Annual A-901 Update submitted to the
Attorney General's Office!**

What you need to know about the:
2015 SOLID WASTE ANNUAL UTILITY REPORT:

Your 2015 Solid Waste Annual Utility Report (Annual Report) is due no later than **June 1, 2016.**

You are **required** to submit this report even if there was **no activity** during calendar year 2015 **OR** if you discontinued service during calendar year 2015.

This report is NOT the annual A-901 update which you are required to submit separately to the Office of the Attorney General.

REVIEW AND ASSESSMENT OF THE ANNUAL REPORT

Your Annual Report will be reviewed for completeness, verified and approved by NJDEP.

An annual fee assessment will be calculated at the rate of $\frac{1}{4}$ of 1% of your reported gross operating revenue with a \$500 minimum fee. The Department of Treasury, Bureau of Revenue will mail your invoice to you directly. Please promptly pay this fee assessment directly to the Bureau of Revenue and include the invoice with your payment.

Do Not Send Your Payments to the NJDEP

It is important that you submit payment promptly as NJDEP is required to refer all overdue fees to Collections within 90 days of the date the fee is assessed.
PROMPTLY MAIL BOTH THE INVOICE AND YOUR PAYMENT DIRECTLY TO TREASURY AT THE ADDRESS LISTED BELOW:

New Jersey Department of Treasury
Division of Revenue
PO Box 638
Trenton NJ 08646-0638

If you have any questions about the 2015 Annual Utility Report please contact the
Bureau of Planning & Licensing
(609) 984 – 4250
E-mail: swutility@dep.nj.gov

****Failure to file a complete Annual Report will result in penalties and may result in the loss of your Certificate of Public Convenience and Necessity in accordance with N.J.A.C. 7:26H-5.15(b)1.****

2015 ANNUAL UTILITY REPORT CHECKLIST:

- ☐ CAREFULLY READ EACH PAGE OF THIS REPORT
- ☐ This report can be found online at www.nj.gov/dep/dshw/swr and can be downloaded to your computer. The report cannot be completed or submitted online.
- ☐ This report must be completed and returned signed and notarized even if there was no solid waste activity in calendar year 2015
- ☐ Write your **SW number** on **all pages** as indicated at the top right of each page (and attach and label any additional sheets)
- ☐ File this report in the solid waste utility's certificate name *exactly* as shown on the CPCN
- ☐ FOLLOW DIRECTIONS FOR COMPLETING THIS REPORT EXACTLY AS DESCRIBED FOR EACH PAGE
- ☐ **COMPLETE EVERY QUESTION.** Indicate "N/A" for all questions which are not applicable
- ☐ SIGN and NOTARIZE the Annual Report as indicated
- ☐ Keep a copy of this Annual Report for your records
- ☐ THIS COMPLETED REPORT IS DUE **NO LATER THAN JUNE 1, 2016**
- ☐ Accurately report Gross Operating Revenue. Gross Operating Revenues consist of reportable revenues which are derived from customer bills, fees, sales and services for certain types of solid waste.

MUST MAIL COMPLETED ANNUAL UTILITY REPORT TO:

NJDEP-SOLID AND HAZARDOUS WASTE
BUREAU OF PLANNING & LICENSING
401 EAST STATE STREET
MAIL CODE 401-02C; P.O. BOX 420
TRENTON, NJ 08625-0420

***IT IS SUGGESTED THAT YOU MAIL THIS COMPLETED REPORT VIA
CERTIFIED MAIL, RETURN RECEIPT AND KEEP A COPY FOR YOUR
RECORD***

2015 CPCN ANNUAL REPORT - FOR DISPOSAL FACILITIES

PLEASE FILL IN ALL INFORMATION BELOW:

TODAY'S DATE: _____

1. NAME OF DISPOSAL FACILITY: _____

TYPE OF FACILITY: _____

STREET ADDRESS: _____

CITY, STATE ZIP _____

BILLING/MAILING ADDRESS: (☐CHECK HERE IF SAME AS ABOVE):

TELEPHONE: _____

FAX: _____

EMAIL: _____

2. NAME OF PERSON COMPLETING THIS FORM: _____

RELATIONSHIP TO THE FACILITY: _____

CONTACT NUMBER: _____

3. DOES THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS AND LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: _____
Address: _____
City State Zip: _____
Provide a brief description: _____

☐ Check here if additional pages are attached

4. DO ANY PRINCIPALS OF THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS OR LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: _____
Address: _____
City State Zip: _____
Provide a brief description: _____

Name: _____
Address: _____
City State Zip: _____
Provide a brief description: _____

☐ Check here if additional pages are attached

MANDATORY TIPPING FEE UPDATE

Tipping Fee Compliance:

Solid Waste Disposal Utilities are **REQUIRED** to notify the Department of any adjustments in tipping fees below the peak rate within (3) days of the effective changes (N.J.A.C. 7:26H-3.10(b)(1)). If you anticipate adjusting tipping fees for the year 2016, please submit the anticipated tipping fee adjustments to the Department using the format provided below and send to the address provided at the bottom of this page.

A. Current Tipping Fees and Waste Type:

	<u>Waste Type</u>	<u>Gate Rate</u>	<u>Date posted as Gate Rate</u>
This section is required. DO NOT INDICATE N/A	Type 10 Waste :	_____	_____
	Type 13 Waste :	_____	_____
	Type 23 Waste :	_____	_____
	Type 25 Waste :	_____	_____
	Type 27 Waste :	_____	_____

B. Anticipated NEW Tipping Fees and Waste Types:

<u>Waste Type</u>	<u>Gate Rate</u>	<u>Anticipated Date New Rate will be Posted at Gate</u>
Type 10 Waste :	_____	_____
Type 13 Waste :	_____	_____
Type 23 Waste :	_____	_____
Type 25 Waste :	_____	_____
Type 27 Waste :	_____	_____

**** FULL TARIFF UPDATES ARE REQUIRED AS PART OF THIS YEAR'S ANNUAL REPORT FOR YOUR FACILITY AND MUST BE SUBMITTED TO THE DEPARTMENT (SEE PAGE 19).****

MAIL TO:
NJDEP BUREAU OF PLANNING & LICENSING
401 EAST STATE STREET; 2nd FL.
MAIL CODE 401-02C; PO BOX 420
TRENTON, NJ 08625-0420

HOST COMMUNITY BENEFIT REPORT

USE LATEST AVAILABLE DATA FOR HOST COMMUNITY BENEFITS

Company Name: _____

Solid Waste Number: SW _____

Facility ID: _____

Facility Address: _____

Mailing Address: _____

Host Municipality: _____

Amount Per Ton: _____

Free Dumping: ☐ No ☐ Yes: If yes, provide details: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Fax: _____

Date: _____

**CONTRACTS FOR DELIVERY OF SOLID WASTE
TO YOUR FACILITY FROM A CUSTOMER**

Contracts the Facility has with Customers, for Delivery of Solid Waste to the Facility

Submit all contracts the RESPONDENT has placed for delivery of Solid Waste to the Respondent's (designated) facility. The submission must include all the following items and can be submitted to the Department on a CD or flash drive.

Name of Company or Entity _____

Length of Contract _____

Contract Termination Date _____

Total Tons of solid waste delivered _____

Rates per Waste Type

Type 10 Waste : _____

Type 13 Waste : _____

Type 23 Waste : _____

Type 25 Waste : _____

Type 27 Waste : _____

Total amount of revenue received
during calendar year 2015 for each contract _____

TRANSFER STATION DISPOSAL INFORMATION

Company Name: _____

Please provide the information below for each disposal facility used by your company for calendar year 2015

[illegible]

COUNTY PLAN SUMMARY

The following information is accurate as of the date of this report and is subject to change. The data provided below was compiled from information submitted by each county (for information purposes only):

COUNTIES WITH WASTE FLOW

Atlantic	10, 13, 13C, 23, 25, 27, 27A
Burlington	10, 23, 25
Cape May	All Solid Waste Types
Cumberland	10, 13, 13C, 23, 25, 27A
Essex	10, 13, 13C, 23, 25, 27
Gloucester	All Solid Waste Types
Hudson	10, 13, 13C, 23, 25, 27
Mercer	All Solid Waste Types
Monmouth	10
Morris	All Solid Waste Types
Ocean	All Solid Waste Types
Sussex	All Solid Waste Types
Union	10, 13, 13C, 23, 25, 27

OPEN MARKET COUNTIES

Bergen
Camden
Hunterdon
Passaic
Salem
Somerset
Warren
Middlesex

**** Revenue generated from counties that institute waste flow other than the county in which your facility is located must be justified on the following page****

2015 GROSS SOLID WASTE OPERATING REVENUE BY COUNTY

Please provide the Gross Operating Revenues derived from any solid waste collected from New Jersey counties during 2015.

TOTAL AMOUNT COLLECTED FROM EACH COUNTY SHOULD ADD UP TO TOTAL GROSS OPERATING REVENUE.

Gross Operating Revenues consist of reportable revenues which are derived from customer bills, fees, sales and services.

County	Justification for Revenue from Waste Flowed County	2015 Solid Waste Revenue
Atlantic		
Bergen		
Burlington		
Camden		
Cape May		
Cumberland		
Essex		
Gloucester		
Hudson		
Hunterdon		
Mercer		
Middlesex		
Monmouth		
Morris		
Ocean		
Passaic		
Salem		
Somerset		
Sussex		
Union		
Warren		
Out of State Waste Received		

Total Solid Waste Revenue by Tons
Year Ending December 31, 2015: \$ _____

INCOME STATEMENT

As of December 31st, 2015

Revenues:

Revenue (from Solid Waste)

Type 10 Waste	\$ _____
Type 13 Waste	\$ _____
Type 23 Waste	\$ _____
Type 25 Waste	\$ _____
Type 27 Waste	\$ _____

Total Solid Waste Revenue: \$ _____

Other Revenue

Recycling Revenue	\$ _____
Energy Revenue	\$ _____
Investment Revenue	\$ _____
Gains on sales of assets	\$ _____
Other (specify) _____	\$ _____

Total Other Revenue: \$ _____

Total Gross Revenue \$ _____

Expenses:

Operating Expenses:

Disposal (Transfer Station or Incinerator Ash)	\$ _____
Salaries and Benefits	\$ _____
Fuel and Oil	\$ _____

Total Operating Expense: \$ _____

Office Expenses:

General and Administrative	\$ _____
Building and Grounds	\$ _____
Salaries and Benefits	\$ _____

Total Office Expense: \$ _____

Other Expenses

Debt Payments	\$ _____
Interest Expense	\$ _____
Depreciation Expenses	\$ _____
Taxes	\$ _____
Insurance	\$ _____
Other (specify) _____	\$ _____

Total Other Expense: \$ _____

Total Expenses \$ _____

Net Income (Total Gross Revenue – Total Expenses) \$ _____

EXPENSE STATEMENT

1. List all contracts in place between the Respondent and a contractor for operations of a DISPOSAL FACILITY owned by the respondent in calendar year 2015

Name of Contractor _____
Length of Contract _____
Expiration Date _____
Amount Spent _____

2. List all contracts in place between the Respondent and a contractor for operations of a disposal facility NOT owned by the respondent in calendar year 2015

Name of Contractor _____
Length of Contract _____
Expiration Date _____
Amount Spent _____

3. Identify all outstanding long term debt the Respondent has incurred in finance Respondents' Solid Waste System. For each bond or encumbrance issued to finance your solid waste system, Please state the following:

Date Issued _____
Original Amount of Debt _____
Principal remaining _____
Maturity Date _____
Annual Debt service owned and paid _____

4. List all transportation contracts the Respondent has entered into (label and attach a separate page if necessary):

Name of Contractor _____
Term of the Contract _____
Termination of the Contract _____
Item transported (ash or solid waste) _____
Amount spent on contract in 2015 _____

☐ Check here if additional pages are attached

EXPENSE STATEMENT (continued)

5. List all landfill air space contracts that Respondent holds or Incinerator contracts where solid waste from your facility is disposed:

Name of Landfill or Incinerator _____
Length of the Contract _____
Termination of the Contract date _____
Total Space reserved (*if applicable*) _____
Amount spent on contract in 2015 _____

6. Identify expenses for 2015 in the following categories:

Administration _____
Energy _____
Insurance _____
Professional Service _____
Maintenance _____
Special Fund _____
Miscellaneous (items **less** than 5% of total) _____
Miscellaneous (items **over** than 5% of total) _____
Capital Improvements _____
Acquisition of Capital Assets _____

7. Identify any significant changes in your expenses that you expect to incur in 2015:

(+/-20% of 2015 expenses) Explain the anticipated changes: _____

CORPORATION STRUCTURE

THIS PAGE MUST BE COMPLETED BY CORPORATIONS

(Limited Liability Companies, Partnerships and Proprietorship - please mark N/A and proceed to the next page)

OFFICERS: Report below officers at date of verification of this report.

If there have been any changes since the last report, name, show title, and address of previous officer and date of changed.

Name and Official Title	Principal Business Address	Date Appointed or Changed
1.		
2.		
3.		
4.		
5.		
6.		
7.		

DIRECTORS: Please list all Current Directors; and list previous Director that has changed since the last reporting cycle. If there have been any changes since the last report, show name and address of previous Director and date of change.

Designate by asterisk members of executive committee

Name of Directors	Principal Business Address	Term Began	Term Expires
1.			
2.			
3.			
4.			
5.			
6.			
7.			

LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP STRUCTURE

THIS PAGE MUST BE COMPLETED BY LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP
(Corporations - please mark N/A)

Please list name of Members, Partners and/or Owners, Official Title, Residential Address, Date Appointed to Position and percentage of ownership.

Member, Partner or Owner Name and Official Title	Residential Address	Start Date	% OWNERSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

SUMMARY OF SALARIES AND WAGES

1. Show in column "B" the number of officers and employees normally assigned to the functions shown in column "A". If an employee fills more than one function, list that employee in the one classification to which the majority of that employee's time is distributed.
2. Show in column "C" the total payroll distribution to each classification.
3. Column "B" and "C" should be considered independently because it is possible, due to multiple distribution of an employee's time, for a dollar amount be changed to a classification to which employees are permanently assigned.

Line No.	A. Classification	B. Average Number of Employees	C. Payroll Distribution	D. Payroll Distribution Comparison with Preceding Year Increase or Decrease
Operations and Maintenance				
1.				
2.				
3.				
4.				
5.				
Administrative and Supervision				
6.				
7.				
8.				
9.				
10.				
Other Accounts				
11.				
12.				
13.				
Total Payroll for Year 2015				

Salaries

1. Report amounts paid during year to all officers and all supervisory employees.
2. If any listing is for less than full year, state period covered.
3. Bonuses and other remuneration should be included. Furnish particulars.

A. Name	B. Title	C. Compensation Paid for the Year

INSERT TARIFF

VERIFICATION AND OATH FOR 2015 ANNUAL REPORT FILING

NAME OF PERSON COMPLETING THIS FORM:

RELATIONSHIP TO BUSINESS:

CONTACT NUMBER:

The 2015 Annual Utility Report for Solid Waste Disposal Utilities must be verified and certified by the oath of the President or another principal general officer if other than the respondent and must be approved as a "key employee" as defined by N.J.S.A.13:1E-127(f).

Oath To be made by the Proprietor, Partner, President or other principal officer of the utility:

(Insert name of Owner or Officer and Title)

I acknowledge that submitting false information to the Department of Environmental Protection may subject my company and me individually to potential enforcement actions, penalties and/or revocation of the A-901 license and CPCN.

(Signature of Owner or Officer)

State of _____ County of _____

Sworn to and subscribed before me

this _____ day of _____ 20____

Print Name of Notary Public or Officer Authorized to Administer Oath

Signature of Notary Public or Officer Authorized to Administer Oath

My Commission expires: _____

Impression Stamp